

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

173

STATE FILE NUMBER

FILED MAY 8 1963

1. PLACE OF DEATH a. COUNTY St Francios		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francios	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		c. CITY OR TOWN Farmington Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 818 South Jefferson		d. STREET ADDRESS 818 South Jefferson	
3. NAME OF DECEASED (Type or print) First James Middle Edward Last Moore		4. DATE OF DEATH Month April Day 30 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mining	
13a. FATHER'S NAME James William Moore		13b. MOTHER'S MAIDEN NAME Mickey Jane Hamm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Ralph Moore		14. NAME OF HUSBAND OR WIFE Virginia Thomure Moore	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) LEFT VENTRICULAR HYPERTROPHY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD AGE		INTERVAL BETWEEN ONSET AND DEATH 20 MIN 6 mo 2 YRS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-16-59 to 4-30-63 and last saw him alive on 4-30-63 Death occurred at 9:27 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. A. Hendigato, M.D. 22b. ADDRESS FARMINGTON, MO 22c. DATE SIGNED 5-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May, 3/1963	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) Near Libertyville, Mo.	
24. FUNERAL DIRECTOR C.H. Cozean		25. DATE RECD. BY LOCAL REG. May 2, 1963	
26. REGISTRAR'S SIGNATURE [Signature]			

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0945

2 0945

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11

12 90-2

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USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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2442

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